



## Request to Release Personally Identifiable and Confidential Information

Student Name: \_\_\_\_\_ BANNER: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The Family Educational Rights and Privacy Act (FERPA) require the Office of Financial Aid to release detailed information to the student only. The student may, however, voluntarily waive their privacy rights to the person(s) identified in the statement below. By completing this form, the student grants the named person(s) access to information in the student's educational records.

*I hereby waive my rights under the Family Educational Rights and Privacy Act (FERPA)*

*by authorizing the FSU Office of Financial Aid to share any requested information*

*concerning my financial aid application, awards, and other financial aid questions*

*with* \_\_\_\_\_.

(First and last name of the person (s) authorized to obtain information.) Please print legibly.

ADDITIONAL NAMES:

1. \_\_\_\_\_

2. \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

OFFICE OF FINANCIAL AID

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